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Dear Public Health Committee Members,

The Texas Psychological Association represents the voices of more than 4,500 psychologists practicing in Texas. We have a few recommendations in response to the Committee's Interim Charge 3.

To speak directly to suicide prevention efforts, we ask that this committee expand access to timely mortality data to allow psychologists to study interventions and outcomes. Also, approve a bill that would provide civil liability protection to providers who report persons that they believe are a danger to themselves or others.

Meeting the needs of Texans with intellectual and developmental disabilities (IDD) and behavioral health issues will require improvements in the areas of education and training as well as funding, with bridging and collaboration among agencies and systems. Working with such individuals is a specialty area that should not be overlooked or our state will continue to have a growing number of people with problems associated with dual diagnoses. Data should be collected on the prevalence rate of behavioral health issues in people with IDD and the services provided so that the state can have a better picture of the current problems and issues while being able to see how the suggestions above may impact this number.

Further, we recommend streamlining the guardianship process by allowing for psychologists to provide one of the two letters required in determination of legal guardianship proceedings. Second, to address licensing barriers that negatively affect overall behavioral health capacity in the state, we ask this committee to support a bill that would allow properly trained psychologists to prescribe mental health medications. Finally, consider making permanent the telehealth expansions available to Texans in need during COVID.

Suicide Prevention

Suicide is the 10th leading cause of death in the U.S., according to the American Foundation for Suicide Prevention (AFSP, afsp.org). In 2018, at least 48,344 people in the U.S. died by suicide, and there were an estimated 1.4 million suicide attempts, according to AFSP. Since 2000 the suicide rate in Texas has risen 36%, with the most significant increase observed among individuals ages 55 to 64. The rate of suicidal ideation among disabled Texans is significantly higher than non-disabled residents.

Access to Timely Mortality Data

A primary challenge to effectively preventing suicide is lack of access to timely mortality data in order to study interventions and outcomes. Expanding access to these data allows psychologists and other researchers to identify and deploy evidence-based interventions. Currently there are significant administration and financial barriers to accessing up to date mortality data and we hope that the Legislature will continue to support efforts to improve the science of suicide prevention via programs such as the Texas Violent Death Reporting System.

Provide Liability Protection

Texas currently allows providers to disclose to law enforcement if they believe their patient is a risk to themselves or others. However, Texas law also mandates confidentiality of mental health records. Those two statutes send conflicting messages, creating a chilling effect on reporting, and hindering suicide prevention efforts in the state by limiting the ability of psychologists to use evidence-based interventions. Last session, HB 461 would have resolved this issue by protecting providers from liability when they report. The bill received unanimous votes through the House, but it died in the Senate due to deadlines. We hope the Legislature will act on this public safety measure this session.

Provision of Behavioral Health Care Services to Individuals with Intellectual and Developmental Disabilities

People with IDD can and do experience the full range of behavioral health issues, and they do so at a higher rate than the general population. Estimates of the prevalence of such dual diagnoses range anywhere from 13.9% to 75.2%. The variations in prevalence estimates are most likely due to differences in diagnostic terminology and the instruments used. Nevertheless, it is clear that people with IDD are more susceptible to mental health issues than people who do not have IDD. For those with autism spectrum disorders, the prevalence of a psychiatric co-morbidity by the age of 16 is 49%. Reasons for this susceptibility appear to center around these individuals' reduced capacity to withstand stress, poor ability to resolve mental conflicts, lack of social competence, emotional instability, delays in attaining stages in emotional development, constitutional factors, and interpersonal experiences. Individuals with IDD also experience disproportionate rates of trauma.

Despite this knowledge of increased incidence of behavioral health issues in people with IDD, there has been a lack of recognition and appropriate treatment for this population. Physicians, psychologists, and other therapists are provided little, if any training on how to recognize and treat mental disorders for people who have IDD. Also, individuals with multiple disorders have historically fallen through a gap in the service delivery system in that there has been a sharp division between services for people with behavioral health problems and those with IDD. A third possible explanation is that the factors that make people with IDD susceptible to mental illness present barriers to diagnosis of emotional problems in this population. For instance, this group of individuals may have diminished capacity to think abstractly, impoverished social skills and life experiences, a tendency to become disorganized under stress, an increase in the severity of their preexisting cognitive deficits and maladaptive behaviors when mental illness is present, and impairments in communication skills that hinder traditional diagnostic approaches. Finally, professionals and others may tend to attribute any behavioral or emotional abnormalities to the IDD rather than looking further into the issue. This is termed diagnostic overshadowing. Training can help professionals to overcome diagnostic overshadowing.

If the State of Texas wants to focus on the behavioral health needs of people with IDD, there are several areas that should be addressed. These include training of professionals, quality assurance of services, professional development/continuing education requirements for professionals and direct support staff, funding for services, bridging and coordinating services with other agencies such as public schools and areas of the criminal justice system such as pre-trial services and probation, and data collection.

Training

Signs and symptoms of mental illness are often displayed in atypical ways within this population. It is also often too easy to attribute unusual behavior to the IDD alone without looking further for a treatable mental illness. Primary care and pediatric physicians should have some exposure in their medical training and continuing education so that they do not overlook or wait too long to recommend interventions for individuals with IDD. Too often behavioral changes are attributed to learned patterns of behavior and a behavior program is instituted which may not touch on the emotional components. Psychiatric medications are also often prescribed when there

is a change in behavior. While both these approaches have value in many cases, there are still other instances when talk therapy may be what is called for and may be used in conjunction with the other approaches. However, the therapist needs to know how to adapt such therapies for people with IDD. Cognitive Behavior Therapy and Dialectical Behavior Therapy have shown great promise with this population when appropriately adapted to individual needs.

Having a loan forgiveness program for psychiatrists and psychologists who work in the IDD area at mental health/developmental disability (MH/DD) centers or HHSC facilities upon graduation might attract more professionals to the field. Also, scholarships for those doing research and dissertation work in this area could help. It would be helpful if one of the major universities within the State of Texas offered a major course of study in the field of IDD under a Psychology or Educational Psychology program.

Training for Direct Support Professionals (DSPs) is extremely important since these are the staff who are responsible for day to day support of people with IDD in most programs. DSPs need training in recognizing possible signs of mental illness and what to report to psychiatrists, psychologists or other professionals.

Funding

Programs for people with IDD, especially those with mental health issues, need adequate funding to ensure the provision of professional and direct support services. There is a 15-year waitlist for state-funded IDD services for children and families. In general revenue services people have been waiting since 2009, which usually covers respite at home services, behavioral interventions, transportation, and other much needed services for patients. There are no group homes for crisis services for the IDD population in underserved areas and a significant lack of crisis services across the State of Texas. Psychiatric hospitalizations are limited for patients and some hospitals refuse inpatient treatment because of low intellectual functioning thus increasing the risk for suicide completions. In addition, Medicaid reimbursement is so low for psychiatry and psychology that there are few professionals who choose to become providers. DSPs who are on the front lines with these individuals get paid less than fast food workers. These issues must be addressed.

Bridging with Other Agencies/Services

A logical bridge for IDD services is the public schools. Teachers are on the front line and can inform community service providers who are currently providing or may begin treatment services with individuals with IDD and behavioral health needs when they graduate. Cross training can benefit both systems.

Working with community health centers to identify and refer individuals with IDD and behavioral health needs could be done. These centers could have knowledgeable psychologists or psychiatrists on staff and could even be settings for those seeking college loan forgiveness after getting trained in this specialty area.

Support Exemptions from Sex Offender Treatment Licensure

Another area has to do with the criminal justice system. It is possible that many persons may have avoided incarceration if appropriate interventions for their dual diagnoses of IDD and behavioral health were recognized and treated early and may avoid reoffending with appropriate intervention. People with intellectual disabilities comprise 2% to 3% of the general population, yet they are reported to represent 4% to 10% of the prison population, with even more in juvenile facilities and jails. Probation departments might collaborate with local IDD authorities when convicted individuals with IDD are in the community or reentering the community. This could provide a specialized treatment approach for these individuals that may make them more successful in the community.

Data Collection
There needs to be a statewide effort to collect data on the number of individuals with IDD and behavioral health needs. Without data on this population and the interventions provided, it is difficult to see progress or lack thereof.

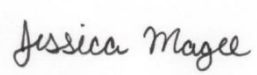
General Recommendations
Streamline Guardianship
Currently, for a court to create a guardianship, modify a guardianship, or approve an order restoring capacity for an incapacitated person, the court must have a written letter or certificate signed by two physicians. Frequently, psychologists will perform an examination and evaluate the person's mental function but then need a physician to sign the letter. This unnecessarily delays guardianship actions and adds costs for the family. The Legislature should consider removing this barrier by allowing courts to accept one of the required recommendations to be signed by psychologists, who are appropriately educated and trained providers.

Allow Psychologists to Prescribe
Six states, including neighboring states New Mexico and Louisiana, currently allow psychologists to seek advanced training in order to prescribe. More than half of Texas counties lack a prescribing mental health provider, and many primary care providers are reluctant to treat mental health conditions. Some Texas psychologists are already trained in therapeutic uses and effects of medications, and yet clients across the state are often required to wait months after seeing a psychologist to see a practitioner who can prescribe the medications they need. Care is delayed—and patients are billed twice—to receive the same quality of care that they could have received from a single, qualified psychologist. Allowing properly trained psychologists to prescribe would increase access to care while lowering wait times and costs for the patient. Furthermore, appropriate pharmacotherapy for major psychiatric illnesses does reduce suicide rates. We hope this committee will review these duplicative licensing barriers and make recommendations to the Legislature accordingly.

Expand Telehealth
The expansion of telehealth during the pandemic is an important leap forward in providing Texans with the mental health treatment and resources they need, particularly during these challenging times. Telehealth is effective for the treatment of a number of serious psychiatric conditions including depression and anxiety, both of which are associated with increased suicide risk if symptoms remain uncontrolled. The expansion of telehealth also supports the treatment of Texans who are traditionally underserved, such as those in rural areas with limited mental health resources and those with disabilities.

The State must be careful to ensure that there are competent providers of services who can truly make a difference for this population. Thank you for your commitment to public welfare.

Sincerely,



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